Office of the Sheriff Contra Costa County

Application for a BINGO License

Date:				
Name of charitable organization: _				
Address:		Telephone:		
Bingo Game Location(s)	Dates and Tim	Dates and Times of Games		
Are the Bingo game locations own	ed or leased by the chari	table organization?		
Bingo games? (Y N) Will profits from the games be kep Will the only persons physically po Will the total prize value awarded game that is held? (Y N) Will smoking be allowed in the Bi Where will patrons be allowed to s I certify under the penalties of perjury that knowledge. I have read and understand the transferable, and the charitable organization.	(Y N) s of the charitable organize the only one with finance the only one with finance of the charitable organize the only one with finance of the country of the contents of the County Bin on and each of its agents must	exation? (Y N) rial interest in the conduct of the proposed ount? (Y N) retricipate in all Bingo games? (Y N) CASH or kind, or both, for each separate		
Applicant's Signature and Organiz				
New/Renewal Fee Paid:	To Vice:	License Issue Date:		
License No	Expiration Date:			

List below all of the officers of the charitable organization as of the date of application. Note: Any deletions or additions to this list must be provided to the Contra Costa County Sheriff's Office no later than five (5) days of a change.

Name and Office Hel	d:				
Address: Telephone:					
Date of Birth:	Place of Birth:		Height:		
Weight:	Hair	Eyes _	Gender: Male	Female	
Driver's Lic. No Social Security No					
Address:			Telephone:		
Date of Birth:	Place of Birth:		Height:		
Weight:	Hair	Eyes _	Gender: Male	Female	
Driver's Lic. No	Social Security No				
Name and Office Hel	d:				
			Telephone:		
Date of Birth:	Place of Birth:		Height:		
Weight:	Hair	Eyes _	Gender: Male	_ Female	
Driver's Lic. No			Social Security No.		
Name and Office Hel	d:				
Address:			Telephone:		
Date of Birth:	Place of Birth:		Height:		
Weight:	Hair	Eyes _	Gender: Male	Female	
			Social Security No.		
Name and Office Hel	d:				
Address:			Telephone:		
Date of Birth:	Place of Birth:		Height:		
Weight:	Hair	Eyes _	Gender: Male	Female	
Driver's Lic. No	Social Security No				